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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ADRIAN TAX SERVICES INC.

Account Number : I20229000042 Phone : (786)370-2432 Fax Number : (305)266-5758

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FLORIDA PROFIT/NON PROFIT CORPORATION **BRANDON OCHOA PA**

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation	n shall be:	BRANDON OCHOA PA		
11303 SV	INCLOFFICE incipal street address V 81ST ROAD ST, FL 33156	Mailing address, if different is: 11303 SW 81ST ROAD PINECREST, FL 33156		
ARTICLE III PURPOSI The purpose for which the	corporation is organized is:			
			2022	
ARTICLE IV SHARES The number of shares of sto	ock is: 500	 	A)(6) 12	
	OFFICERS AND/OR DIRECTOR BRANDON OCHOA/P.S		AH :: 3	
Address	11303 SW 81ST ROAD) Address:		
-	PINECREST, FL 33156			
Name and Title:		Name and Title:		
Address		Address:		
_				
Name and Title:	····	Name and Title:		
Address		Address:		
_				

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Name and Title:		Name and Title:	
Address		Address:	,
	TERED AGENT reet address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	BRANDON OCHOA	—	
Address:	11303 SW 81ST ROAD		
	PINECREST, FL 33156	-	
ARTICLE VII INCOR	<u>PORATOR</u>		
The <u>name and address</u> o	f the Incorporator is:		CIB
Name:	BRANDON OCHOA	_ 	2 2
Address:	11303 SW 81ST ROAD		رتر .
	PINECREST, FL 33156	<u> </u>	=
ARTICLE VIII EFFE	CTIVE DATE:		
Effective date, if other the	an the date of filing:	(OPTIONAL)	· " 3
(If an effective date is li: filing.)	sted, the date must be specific and can	not be more than five days prio	r or 90 days after the
Note: If the date inserted the document's effective	I in this block does not meet the applicab date on the Department of State's record	le statutory filing requirements, t s.	his date will not be listed as
Having been named as re	gistered agent to accept service of process	for the above stated corporation of	at the place designated in th
cerujicate, i am familiar (with and accept the appointment as regist	ered agent and agree to act in this	s capacity
	Jando (Na)		8/12/2022
- · · · · ·	Required Signature/Registered Agent		Date
I submit this document a document to the Departm	nd affirm that the facts stated herein ar ent of State constitutes a third degree felo	re true. I am aware that the false ony as provided for in s.817.155, F	information submitted in S.S.
	routen (disee -	-	8/12/2022
	Required Signature/Incorporator		Date